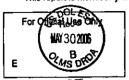
Upp Department of Labor Office of Labor Management Standards Washington DC 20210 -

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 a armended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



3 Name and address of person filing

1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

01 / 01 / 2005 Through 12/31 / 2005

4 Name file number and address of labor organization

Name Autor Good MAN	Name UFCW Locate -2-3
3 t	Labor Organization File Number
PO Box Bldg Room No If any	PO Box Building and Room Number if any
street 105 High St city So Windson	Street 8402 18 TH AVENUE
city So Windler -	City Broselyn
State 27 0 ZIP Code + 4 06074	City BRONKLYN State NEW YORK ZIP Code + 4 1/2/4
5 Position in labor organization V Pues	~_ 1
Enter appropriate data below if during the past fiscal year, you or your spot (except as specified in the exclu	, use or minor child directly or indirectly had any of the following interests sions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with o o monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	
Trade Name if any	-
PO Box Bidg Room No If any	7 b Amount.
	I/DAMDUM.

Signature

ZIP Code + 4

15 Signature and verification. The undersigned declares under penalty o submitted in this report (including the information contained in any accompar undersigned s knowledge and belief true correct and complete. (See the s	iying documents) has been examined	d by the signatory and is to the best of the
Signed Olan Hardren	on <u>3/2/206</u>	860-644-86-73 Telephone Number

Street

City

State

		_	- 1	= 1. A1
Name of Person Filing	1		- 1	File Number U
Hame or resourching	MUAN	GOODHAN		

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or sulling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name Trade Name If any	a Labor Organization b Trust
P O Box Bidg Room No If any Street	c Employer
Crty ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name If any	
P O Box Bidg Room No If any	
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	
	12 b Amount
C Received from any employer (other than an employer covered unde	er parts A and B above)

13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name if any)	ALLOWANCES \$ 600	4600	
Name Ufen Locate 2-D			
Trade Name If any			
PO Box Bldg Room No If any			
Street 84-2 18 TH AVENUE			
City basekeyn			
State NEW YORK ZIP Code + 4 # 1214			
13 b is the Business an Employer X or Consultant ?	14 b Amount of payment		